RECOVERY KERNEL

MUDZWISI WEKUTANGISA MISHANDIZO YEKUCHENESA.

Kukanganiswa hakusi chinhu chinouraya vanhu. Zvaanobva kunyanya zvinenge zvakanganisa.

Chishandiso chino zvakanyanya pazvakakosha kuti zviite pakutanga, nekuti kushandiswa kwazvo kunogona kuita kuti vanhu vashorwe: kuvhunduka kwezvirwere zveopioids, mumamiriro akawanda, hakusi kukonzera kufa. Iri rimwe remamirongero anonyanya kushungurudza munyaya iyi, asi kazhinji haisi kukonzerwa nekufa pachayo. Zvaanokonzera kufa ndeazvo zvinotevera – kudzoka ku dosage yakanga yashevedzwa nemuviri wakanetse tolerance yainge ari nayo apo dosage yacho yaifunga kuti iri normal. Iri chokwadi chimwe chete chinoshandura zvimwe zvinhu zvakawanda munyaya iyi, uye ndeizvo zvinoreva kuti kurapwa nehutano hwemishonga (MAT) inzvimbo hurukero. panzvimbo dzakapfava, panenge pazvinhu zvinonyanya kukosha.

Section 0 - Chengetedzo Yekupfuura: Verengai Izvi Pakutanga.

⚠ KUKURUWA KWEMWEDZI.

Nguva inenge ine ngozi huru mu kupora kubva kune zvinodhaka zvine utano hazvisi kurasikirwa nezvinhu mumuviri. Ndiyo nguva yekudzoka kushandisa zvinodhaka apo vamwe vanenge vasina kushandisa kwenguva refu. Munhu anoporesa uye anodzokera kushandisa, anenge akwanisa kushandisa huwandu hwainge asingawanzo shandisa kare, asi anoda kuti zvinhu zviite semunhu aishandisa kazhinji. Iyi ndiyo nzira inonyanya kuita kuti vanhu vafa nekuora kwezvinodhaka, uye inoita ngozi huru ikozvino nekuti zvinodhaka zvaunoshandiswa nezvakavanzika zvakawanda zvinonakidza nemutswondo wefentanyl - ona chikamu che6.

Daira 994 nekukurukidza, uye shandisa Naloxone kana ichiitwa, mune zvinotevera:

- Kufema kwakadzikama, kufema kwakadzika, kana kufema kwakazara.
- Mhuka kana mavanga emakumbo akaremara.
- Kusaziva kana kushanda, kana kuti kusagona kuvakwa.
- Mizwi kana kunyura kwehutsinye panguva yekufema.

⚠ YERAI

Naloxone (Narcan) inokanganisa kushandiswa kwezvidonge zvinonzi opioids uye inowanikwa pasina mvumo kupharmacy dzakawanda muUnited States, kazhinji yakanaka kuburikidzo yeorganization dzinobatsira vanhu. Kuva nayo - iwe pachako kana mumhuri yako munenge ari munhu ane nhoroondo yekushandisa zvidonge zveopioids, kare pamwe nekare — haisi chiratidzo chekuti unotarisira kuti chinhu chiri kuitika. Icho chinhu chakafanana zvachose nefire extinguisher: chinhu chaunenge usina kumbofa uchida kushandisa uye uchiita kuti ubve nechero nguva.

DZAKAMAHARA

Zviratidzo zvemuviri zvinobuda pakubva kweopioids – zvakanyorwa muSection 2 – zvinonyanya kuipa uye zvinoshungurudza, asi kune vanhu vakawanda vasina mamiriro ezvokupora anonyanya kushushikisa, hazi zvine ngozi dzinoita kuti munhu afe. Kutarisirwa kwevabatsiri vevatengi panguva yekubva kweopioids kunowanzoitika kuti kudzikise kutambura kwemunhu kusvika anogona kudzora kufamba kwaari kukutanga, asi haisi nguva dzese dzinoda kurapwa nekukurumidza. Kuziva kusiyana uku hakusi kuita kuti maitiro aive nyore, asi kunobatsira munhu kuziva zvaanofanirwa kutarisira uye nguva yacho.

Itaera 1 — Nei Ukuiswa Hwaro Inonyanya Kushanda paMAT.

Kuuraya inobatsira, senge buprenorphine, methadone, kana naltrexone, zvinoita kuti kuoma kwekushandisa zvinodhaka zveopioid zvive nyore, sezvo zvakaratidzwa nemaitiro akawanda. Bhuku iri rinotsinhara kuti: Kuraya inobatsira haisi nzira yekubudirira, chinhu chinonyadzisa, kana kuti "kuchiramba uchida chinhu." Iri kuraya inzira yekurapa inogona kuchengetedza hupenyu uye ine data rinoratidza kuti inoderedza kufa, zvinhu zvikuru zvinonakidzwa nemamwe mararamiro ekubvisa kunyenganyenga. Basa rekubudirira rinobatanidzwa nekuraya iyi — basa rezvinhu zvemwoyo, zvekunze, uye zvekuzvitenda, sezvakawanikwa muSections 8 ne9 — rinowedzera kukunda, kwete kuti... shanduko.

THE CENTURION

Kana iwe wakazvinzwa, kubva kumutsetse kana kuvasika, kuti MAT inzira yekuti 'hausi zvachangu wakachena,' iyi nyaya haigone kutsigirwa nemamiriro ezvinhu uye inokonzera kufa. Chinhu chinonyanya kukosha ndechekugara hupenyu nekubudirira, kwete kuti michemoyo yakapiya ingawanikwe mumuviri wemunhu here kana kuti isipo.

Sezheni 2 - Nhoroino yeKudzima.

Mudzidziso wehunhu.	Chii chakaitika?	Chii chaiunza.	Zvinofanira kuitwa.
Maawa 6-24 (kutanga kwemhedoro,	Kukonzwa kuti kuiswa kwezviratidzo zveopioid	Kusetsa, kurwadza mumuviri, kupisa, kusvikirira, kunyurwa	Kutanga kurapwa kwezvinhu zvinotyisa, kana

Mudzidziso wehunhu.	Chii chakaitika?	Chii chaiunza.	Zvinofanira kuitwa.
inosiyana zvinoenderana nepfupa remushonga weopioid).	zvakaderera; iyo sisitimu yakasara pasina iwo mashandiro ayaitarisirwa.	mukanwa, kusagadzikana pakutanga.	zvichidikanwa, kazhinji kazhinji zvinotanga munguva ino. Buprenorphine inoda kuti murwere ave atangopinda mumamiriro ekubuda nezvinhu zvinotyisa, asi asingadaro zvakanyanya, panguva yekutanga kutora doro, kuitira kuti usavhure mamiriro akadzika emamiriro ekubuda.
Mazuva 1-3 (zvakanyanya zviratidzo zvemuviri).	Kurapwa kwakanyanya uye kunonetsa, iri nguva yakaoma zvikuru.	Kunzwa, kurasikirira, utsinye, kushungurudzika kwemuviri, maso akawedzera, kutonhora uye kupisa zvakashanduka-shanda, kurwadzi yakakura yemishonga nemisodzi, kusagona kunyara.	Kutariswa kwehutano kana iyo MAT inoderedza zvakanyanya izvi. Iyi ndiyo nguva yechisango chakakura zvikuru yekuti munhu anogumburirwa uye anonzwa kuti kutambura kwacho hakuna nzira yekupora, saka anobva adzoka kushandisa chinhu, asi panguva ino dosage yakanganiswa. Ona iyo Section 0.
Mazuva 3-10 (kunyatsorera kwezviratidzo zvemuviri	Kuzvidza kunyatsooma, uye midziyo yeendorphini neyedopamine iri	Kunzwa kunenge kufara zvakanyanya, kusada zvese, kuzviziva kuti unonzwa zvinhu zvine	Kuongorora kwezvinhu zvinowedzera zvinoenda (Sezvo

Mudzidziso wehunhu.	Chii chakaitika?	Chii chaiunza.	Zvinofanira kuitwa.
zvakanga zvaripano, uye kuzwira mwoyo kuchangomiriri ka).	pachinzvimbo chepasi.	simba, kusagona kurara, kuda chinhu nguva dzese, uye kuve nechido chekufamba.	9). Sarudza kuitawo nekufamba munguva yakafanira, kunyange kana uchifamba kurei. Kuchengeta zvekurota ndiro rimwe remamiriririro akakura ekudzivirira kutanga kudonha — ita kuti iwe uchengete zvekurota zvakanaka.
Zvose zvevhiki 1-4.	Mhando yeendorphins uye yedopamine ichiramba ichadzoka zvishoma nezvishoma; mapuromitini eopioid achatanga kuwedzera.	Kuderera zvishoma neishoma, asi kunenge kune kusiyana kwakakura zuva rega rega; zviratidzo zvePAWS zvinogona kuita; kushanduka-shanduka kwehunhu; kufema kwezvinodiwa, asi kazhinji zvinenge zvine simba.	Kuganhura kunonyanya kukosha, kunyanya kana kuti zvichiratidzika sezviri nyore. Kusungirira kwevanhu kunowanetsa zvikuru mukugadziriswa kwemamiriro ezvinhu akadai.
Mwedzi 1-6	Kukura kwezvinangwa zvehutano zvakakosha; midziyo yedopamine neyeendorphins ichirapa uye ichidzoreredza kushanda; kupindwa kweopaidi kunoita kuti munhu ave nemumiro wekunzwira marwadzo, asi izvi zviri kuchinja.	Kukura kwakanyanya, kufara zvaiitwa zvechokwadi; kunzwa kwekunyaradza kuchidzika zvakare; kupenya kwezvinhu zvinonyadzisa zvichidzikira.	Iri ndimo basa rinenge richitenderera nekuda kwemari uye zvimwe zvinodiwa, asi risiri kungoramba mupenyu chete. Basa rekuzvimiririra (Sezvo 9) rinenge rakakodzera pano, asi risati rapi.
Mwedzi 6-18+.	Kudonha kwe-mu-opioid kwadzoka	Kunakwanisiwa kufara uye kuwana hukama	Kune vanhu vakawanda

Mudzidziso wehunhu.	Chii chakaitika?	Chii chaiunza.	Zvinofanira kuitwa.
	kuzere; iyo system yeendorphin inobvaipa manzwiro akanakisa uye kushanda zvakanaka pakati pevashandi.	husingafaniri kune zvinhu zvinonetsa; matambudziko ekufamba nekugadzirisa anenge asina; kutsvaira kunoratidzika munguva dzakati-kati, kwete nguva dzese.	vanogona kuzadzisa zvizere kuita kuti masisitimu emuropa avo edopamine adzokwe kunzvimbo yavo mwedzi 12 kusvika 18 ekutarisira, ngavatange kuvandudza kana vasiri.

Itaurai 3 - Zvinotora Nguva Dzese Kusvikira Muviri Wenhengo Inova Sekwaari?

Kudzoka kwepamusoro kweiyo density yema-opioid receptors, munhu wese, inotora mwedzi 12-18 yekudzoka zvakawanda — nguva ino yakafanana neimwe yemidzoro inzvimbo dzakadai dzinotora nguva ndeyokudzoka. Iyo post-acute withdrawal syndrome (PAWS) pachayo inogona kutora mwedzi 18-24, uye nekudzoka kwevanhu vanoshandisa fentanyl, nguva iyi inogona kuita kuti iende kupfuura izvozvo, nekuti fentanyl ine simba rakakura zvikuru rekubatanidzwa nemareceptors pakugadzirwa kwemishonga, kana ikatariswa kune mamwe ma-opioids.

KUZVINZWA

Kana uchiri pamwedzi masere uye uchiri kuona zvinhu zvinonetsa—kusuruwa kwepungwe, kufema kwezvaunoda pasina chikonzero chakajeka, mazuva akareba anenge asina chinhu—izvo hazvirevi kuti zvauri kuita hazvibatsirike. Izvozvo ndezvekuti uri papi munguva chaiyoyo. "Girinhi" pano rinotariswa mumwedzi wemakumi ekumwe, uye kuziva izvozvo kungava nechokwadi chekuchinja zvinhu zvaunonzwa pamwedzi wechipfumbamwe, asi hazvirevi kuti mwedzi unonetsa uchaenzwika.

Sezheni re4 - Zvaunenge Wakanga Wanzwa Kazhinji.

- Mukupera wevhuzu, kunenge kushungurudzwa kwakanyanya kwekushanda kwemirofodza - zvokudya, mimhanzi, vanhu vamwe vaunoda kungevasina

basa kana kuti kusanganisira, nekuti masisitimu eendorphin nemadopamine, ayo anogona kushandiswa neopioids, ari pachinzvimbo chaiye yebhayoloji.

- Kunzwa kwezvinonyadzisa (opioid-induced hyperalgesia) - chinhu chenyaya, chakanyorwa, umo mwozo wemuviri unogona kuita kuti munhu anzwe kunyudzika zvakanyanya kupfuura aiziva asati atanga kushandiswa kwezvinonyadzisa, sezvo mwozo wacho unobva kuzvidza. Izvi zvinokanganisira munguva yakaratidzwa muSection 2 neSection 3, asi inogona kuita kuti munhu azvitambe apo zvichidikanika.
- Kurara zvakanyanya kunetsa uye kazhinji ikava chinhu chinonyadzisa zvikuru kuti kana achangobva kubuda kubva muchimuko, anogona kuzodonha mune imwe nzira - zvinoita kuti iwe uive nechokwadi chekuti inofanirwa kuratidzirwa kufungidzira yakafanana nemamwe mativi ekurapa.
- Kudya kunogona kuuya pasina chikonzero chakajeka, kazhinji munguva yekukwira kwePAWS – izvi zvinobva mumamiriro emwoyo, kwete kuti munhu asiri kuvimba nechinhu.
- Kunonzwisisika zvakanyanya kufa nekusavimbiswa kwevamwe kana kusagadzikana kwevanhu vane allele yeG mumutsetse weOPRM1 (Sezvo 5). - Iri receptor inongoratidza mubvunzo weopioids, asiwo inoratidza kubatanidzwa kwevanhu nemamiriro ekushumisa, saka kushoma kwayo kunogona kuzonzwisisika sekuvhara pachayo, kwete kungonzi kuda chinhu.

Sezheni 5 - Kushingirira kweZvakafanana zveGeneti.

Jeni.	Zvinogadzirisa.	Opioid Recovery Relevance.
OPRM1 (A118G)	Mu-opioid receptor: iyi ndiro iyo opioid dzese dzinobata.	Gene rekodhi inonyanya kushushikana munyora iyi yese. Vanhu vane allele yeG vanowedzera kuoma kwekusangana kwechimuti—izvo zvinoreva kuti vanowana kubatsirwa kwakadzikira uye mubayiro mudiki kubva kumitsetse yakajairika, zvichiri kukonzera kushandiswa kwezvimwe. Kusangana kwakadzikira zvakare kunoreva kubayira pasi peendorphin kubva kuzvinhu zvinonakidza (kufamba, kukurumbidzwa, kufa), ndiko kuti, vanhu vane iyi gene anogona kutora nguva yakawanda kuti vazive kuti zvinhu zvinozvidzidzei. Zvakakosha: Vanhu vane allele yeG vanoratidza mhinduro yakasimba kuNaloxone—izvi inzira yechokwadi yekuronga kurapwa inofanirwa kupa

Jeni.	Zvinogadzirisa.	Opioid Recovery Relevance.
		dhipatimendi.
CYP2D6	Inogadzirisa codeine, tramadol, uye mamwe maopio akawanda kuita mafomu ayo anobva kushanda kana kuti asina basa.	Vanhu vane hutano hwekuita mabasa emuviri hwemishonga husina kuvandudzwa anowana zvimwe zvinenge zvisina kana kuti zvakashoma zvekubatsira kubva pamushonga wecodeine kana tramadol, izvo zvinogona kuzotungamira kuwedzera kwemarara ekushandisa mushonga uku uchiedza kunaka kwezvinhu aizowana nemushonga iwe. Vanhu vanoita mabasa emuviri mune imwe nzira yakanyanya kusimba vanoshandura codeine kuva morphine nekukurumidza zvinenge zvakanganisa - iyi ndiyo nyaya yakaratidzwa yekufa kunyange apo mushonga unopeswa nemarara anowanikwa. Izvi zvinokonzerawo kushanduka kwe metabolism yemushonga webuprenorphine, izvo zvakakosha pakubvumira marara ekushandiswa kwemushonga uyu.
CYP3A4	Mubatsiro basa rekuparadza zvinonzi fentanyl, oxycodone, methadone, uye buprenorphine.	Mugadziri mukuru wekuita basa remedication mumuviri (pharmacokinetics) weopioid, yaanenge achishandiswa nevazhinji vari muchikamu chekudzokera zvakare, anosanganisirawo zvinodiwa pakurapa neopioid (MAT). Kushushikiswa kweCYP3A4 - nekuda kwemaginetiki kana kuti nezvirimwa zvemedication (seantibhayoti dzakati wese, antifungal, kunyange grapefruit) - anogona kuita kuti zvinhu zviwedzwe uye zvive ngozi. CYP3A4 inducers inogona kukonzera kutiza kweopioid nekuda kwekuti medication yacho ichitsvaira zvakanyanya. Zviripachena kuzivisa chiremba wese nezvemedication imwe neimwe yaanenge achishandiswa.
ABCB1 (P-glycoprotein)	Kufamba kwechedi kuenda nekuuya kubva mumuviri kusvika muchipfuuro.	Zvairidzo zvakasiyana zvinokanganisa huwandu hweopioid inopinda mumutsivo kubva pamitsetse yakafanana — zvimwe zvekuita zvinobvumira kupinda kwakawanda mune utano wemwoyo, zvichikonzera kuti zvive nemhedzisiro makuru kubva

Jeni.	Zvinogadzirisa.	Opioid Recovery Relevance.
		pamitsetse yakafanana uye inogona kusimbisa kuwedzerwa kwekutengesa. Inokanganisawo huwandu hwebuprenorphine ne-methadone mumutsivo, izvo zvinonyanya kukosha pakugadzirisa maitiro ekurapa.
DRD2 (Taq1A, A1 allele)	Kudhedzwa kweiyo receptor ye dopamine D2.	Kudzamisa kwezvinangwa zvakapfupiswa kuvanhu vane A1: Syndrome yeKurwisana Nekubatsira. Kana ikabatwa neallele yeG yeOPRM1, inoita kusagadzikana kwakakura mumamiriro ekubatsira, inosanganisira zvitatu zveopioid uye dopamine, zvinhu zviviri izvo zvinobatsira vanhu—inoita kuti ive imwe yemamiriro akanyanya kuoma munhengo iyi.
COMT	Kudzorora kwe dopamine uye kuita basa kwe signal dzinoreva kurwadza.	Inzwi iri pachena kuna munhu wese ane kushandiswa kweopioids kwaatanga nekurapa kwemwoyo wechokwadi. Zvakawanda zveCOMT zvinonyanya kusanganisa kunyara kwebvudzi remwoyo, pasina zvakabatwa nekushandiswa kweopioids, saka mwoyo usina kurapwa zvizere anogona kuenda neiyo nzira yake yekuongorora (Section 6) kunyangopa apo kushandiswa kweopioids kwacho kwaoma.
MTHFR	Metilation – kuumbwa kwe neurotransmitters.	Kuderera kwe dopamine ne serotonin kunopesa zvakanga zvaripo kubvira pakutanga, uye opioid dzakangobatsira kuti dzerere. Kushandiswa kwe 5-MTHF ndeyechinhu chinonyanya kukosha, hachisi chinhu chekuti chingaita kana ichingasiri.
GABRA2	GABA-A receptor alpha-2 subunit - simba remusoro rekudzora zvinhu.	Haisi gene remuromo reopaidi rekutanga, asi chinhu chinokonzera zvimwe zvinenge zvakakosha, nekuda kwezvikonzero zviviri: iri iyo midziyo yeGABA imwechete inoshanda mune zviratidzo zvakawanda zvekuwedzerwa kweopaidi nebenzodiazepine kana kuwedzerwa kweopaidi nealcohol (mishonga yose ichitarisa masisitimu akasiyana-siyana emuviri kuti vasundire

Jeni.	Zvinogadzirisa.	Opioid Recovery Relevance.
		kushungurudzika/kunyanya), uye inoita kuti zviratidzo zvakajairwa zvekuwedzerwa kwemishonga zvinoitwe.

COMT inogadzirisa sei manenjiro emhando dzemishonga inonakidza?

COMT inzvimbo inogadzirisa kuti dopamine nemakemikari ekutuzwa adzikise nekufamba kwenguva sei, uye iwo masimba okudzikiswa aya anobatanidza nezvinhu zvaanenge achiita munhu — hazvisi kungobudiriro yekushandiswa kwezvinodhaka chete, asi nekuda kuti nei zvakanga zviri zvakanakisisa kumunhu.

COMT Profile.	Baseline pamberi pezviroro.	Zvapfuura zvaive nechinhu chinonzi opioids.
Val/Val ('Shiri') - kusimbisa zvakanyanya, kuita kuti dopamine iwedzere.	Kazhinji anonyatsozvizwa achirara; anofarira zvinhu zvinonetsa uye zvitsva, kunyange pasina chinhu chinopedza.	Opioids inopa zvakasiyana zvekunyaradza kupfuura kune vamwe vanhu - kwete "pakupedzisira, kunyaradzwa," asi "pakupedzisira, kunyaradziwa zvekuti unogona kuzoramba kufunga nezvezvinhu zvinokukanganisa." Mudzimai uyu haisi wevanhu vakawanda vanonyanya kushandiswa opioids, asi anowanzoitika kuvarume vanonyanya kushandiswa stimulants. Kana mudzimai uyu ariko, anoda nzira dzekunyadzisisa dzakakura, kwete kungobva kunyaradza chete.
Met/Met ('Worrier' / 'Sage') — kuchengeta zvakaderera, huwandu hwepamusoro hwekemikari inova mushewe.	Kazhinji anoratidza kushushikiswa kana kufungira kupfuura zvaanofanira, kunyange asati abuda nechinhu chakanyangadza. Muviri wake wepamusoro unenge uchishanda zvakanyanya kunyange asati atanga kuita chinhu.	Iyi iyo yeprofuiri yakawanda yevaroyi veopioid. Kushushikiswa kweHPA-axis neopioids (tafura yemageneti muSection 5) inongoparadza zvinozara zvekushungurudzwa kwemwoyo - kubudirira hakusi kungobatsiridzwa mumuviri, asi kunyanya kuita kuti mwoyo wacho, wainge watove wakashanda zvakanyanya, uderere zvachose. Iyi ndeyeprofuiri iyo HPA-axis rebound inoitika zvakasimba, sezvo pane kushandiswa kwekemikari yekushungurudza yakawanda kupinzwa mumuviri.
Heterozygous (Val/Met)	Zvakanaka.	Kazhinji kazhinji, inongoita musanganuro - vamwe vanoda kubatsirwa zvinhu zvinokonzera kurwadziwo, vamwe vanoda kubatsirwa kushungurudzika - asi hazviri zvakanyanya senyaya dzekutsvuka.

GABRA2 uye "chido chekuzvimba uye kushushwa".

Izvo zvakakosha kuti zvitongei zvakananga panzvimbo pekunyora GABRA2 semubvunzo mudiki mutaburu iri pamusoro. Bhuku renyeredzi remutambo wenyu rinoratidza nhau dzinopesana — iyo profile yakajairwa yemhando dzakawanda - GABRA2 inenge nemhedzisiro, uye COMT Met/Met - se'Pattern yeKuvhunduka neKudzvinya,' inonyanya kushandiswa kune zvinwiwa zvemurwere, benzodiazepines, uye opioids: kugona kwakadzikiswa kwekuzvitadzira (COMT) pamwe nekunetsa kwekusimudzika (GABRA2), zvinoita kuti kuwedzera kwemaitiro ekutengesa kunenge kufamba kakare kupfuura mamwe ma profile akajairwa mune iyo matrix.

⚠ YERAI.

Kana izvi zvikaitika kwauri, zvinhu zvitatu zvinonyanya kukosha kuti uzvizive. Chekutanga, ndimo acho akakoshesa nekuda kwechikonzero chakaita kuti kushandisa zviduku zvakawanda — opioids pamwe nebenzodiazepine kana doro — izvo zvinoita kuti zviite sarudzo kazhinji kune vanhu vane hunhu hwakadai: opioid inobatsira mumamiriro ekutya uye nekuderera kwemwoyo, asi benzodiazepine kana doro inobatsira nemamwe matambudziko. Asi hazvimbatse zvizvo zvese. Chechipiri, izvi zvinoreva kuti kuitwa kwevanhu vane hunhu hwakadai kunoda kuti mhando mbiri dzvematambudziko idzi dzifuridzwe pamwe — basa rekubatsira rakaita muvhutano iri, uye basa rekubatsira rakaita mumiriro inonzi Recovery Kernel pane zvakanyorwa nezvenbenzodiazepine kana doro. ...panzvimbo, panenge pachiratidzika kuti kudzokorora zvinangwa zvakawanda kunobatsira kupfuura kungotarisa chete chirwere chemushonga weopioidhi.

Kuziva zviratidzo dzechirwere pasina kuongorora miedzo.

- Kana maopiroids akakubatsira kuparadza uchifara, uye imwe sarudzo yacho yakanga isingabatsiri, kunyange pa dosage iyo vamwe vanofarira: Zvinogona kuva kuti une allele yeG yeOPRM1 kana variant yeABCB1. Kuongorora CYP2D6 kunonzwisiswa kuti zvakakosha.
- Makabata kunzwa kuti uri wevanhu, wakabatana, uye wakanyaradza nemhando yechinhu chidiki chakanga chamamboita izvozvo? → Izvi zvinoratidza kushanda kwakakosha kwejiini reOPRM1 uye kuine mhosva yekusina zvizhinji zveendorphin-system. Kushanda kwekubatana nevanhu (Section 9) kunonyanya kukosha, hakusi chinhu chete chinongowedzera, mukati meiyo yacho yekubudirira kwako.
- Kukwanisika here kuti kushandiswa kwemishonga kwatanga nekurapa kwemaronda chaiwo? → Zvikanganiso zveCOMT zvinogona kuita kuti munhu ave nemaronda anonzwa zvakanyanya. Maronda asingagadziriswe anoda kurapwa kwavo kadai, ona chikamu che6.
- Kana kusagadzikana kana kushungurudzika kwemunhu kuri chinhu chinokanganisa upenyu hwake nguva dzese, pasina kudyidzana nemishonga inonakidza? → Zvinogona kunge zvichikonzerwa nekuderera kweDRD2 uye

kupindira kweMTHFR. Kuzvitsigira nechimwe chinhu chinobatsira dopamine ndicho chakakosha.

Sezheni 6 - Vabereki Vakasiyana-siyana.

Mamiriro.	Chii chinogara pachinzvimbo yacho?
Kurwadza kwezuva nezuva sezvinangwa rekutanga.	Kune vanhu vakawanda vari muchikamu chekudzokorora kubva kuroga kwezvinodhaka, uye vane utsinye hwekurwadza hwakanga uri zvayo uye hwaramba richiri chinhu chenyaya, uye hwaramba richiitika. Kuziva kuti kufungirana kwemwoyo kunenge kuchikonzera kushandiswa kwezvinodhaka hakureva kuti kurwadza kwainge kusiri chaicho, uye hakubude kana zvinodhaka zvabvisa. Ivo vanoda nzira yekutarisira kurwadza inoshanda pamwe chete neiyo yekuudzokorora, asi isibviswi nayo – physiotherapy, kutarisira kurwadza pasina kushandisa zvinodhaka, uye mune dzimwe nyaya buprenorphine yakatorwa zvakadzika kuti ishandiswe pachinzvimbo chekurwadza (iyo inofanirwa kuve yechinhu chakasiyana neyayo yekushandiswa mukutarisira kwekuudzokorora). Kurwadza kusatarisirwa kunenge kunguva imwe yemhando dzakakura dzekukonzera nzira dzinogona kuita kuti munhu adzokere kushandisa zvinodhaka zveopioid, sezvo zvakanyorwa muchinyorwa chino.
Zvekuderedera zvakanyangadza nefenatiri.	Chinhuitaidzwa kuti zvigadzirwa zvinonyangadza zveopioid uye, nekufamba kwenguva, zvigadzirwa zvinonyangadza zvestimulant uye midziyo yakaenzwa inowanzogadziriswa ne fentani, iyo inonakidza zvikuru kupfuura heroin kana kuti opioid dzepamitambo nekure. Munhu ane tolerance yakazara kubva kuheroin kana kuti midziyo anenge asina chengetedzo chaiye pakudzivirirwa kubva kumhando dzinogadziriswa ne fentani - kusiyana kwemweya kunogona kuita kuti ufe pachinzira chinenge chisingafaniri nekuti chainge chiri chinhu chinenge chamufananidzwa. Midziyo yekutsvagisa fentani (inowanikwa kuburikidzo nemaitiro akawanda ekudzivirira ngozi) uye kuwana Naloxone hazvisi zvinhu zvinogona kushandiswa, asi ndezvinhu zvinodiwa munhu wese ane kushandisa opioid - ndezvakakosha zvechengetedzo, sechikamu chimwechete. Sechizero, mune zvinhu zvinofanirwa kuve zvekurima moto.
Mubvondo wekushandiswa kwezvidiyi.	Ino zvinenge zvine mhedzisiro dzimwechetezvo dzinotsanangurwa mumirayiri ye"Ears, Eyes, and Teeth" yeRecovery Kernel - kuvara kwepamuviri apo zvakafukidzwa, endocarditis, hepatitis C neB, uye HIV. Kutarisa kwehutano panguva yekudzoka kubuyisika kwezvirwere zvinofamba nemutsvakurudzi munyama ndicho basa rekare remitambo yemishonga, kwete kushoropodza - uye kurapwa kwemazuva ano kwehepatitis C kunogona kuitira kuti zvipfuure mumamiriro akawanda, pasinei nekuti zvirwere zvacho zvakanga zviri kuparara kwenguva yakareba sei.

Chikomba chekushandura uye kucheka zvinhu.

Kune vanenge vachideredza mishonga yemarwiyo akatorwa nemwedzi, chinhu ichocho chinochinja maitiro ekurapa. Izvi ndezvimiririro pamusoro pezvimwe, asi hazvisi mirairo yekutora mishonga — nhamba chaiyo inoda dokita anoziva murwere, dosage aripo parizvino, uye nguva yacho. Zvinotevera ndeimafuremu ayo anotangwa pakurukuri iyi.

Chinhu.	Chii chinogona kuitika kuti kuita kuti kuoma kupora.	Mudzidziso wepakati.
Fentanyl (murairo kana yakaipa).	Kunyadzidziswa kwepamusoro kunoreva kuti kunyanya kushoma kwezvinogona kuita zvinoratidza shanduko huru; mafomu emapatchi anoiswa pamuviri anotadza kusimba kuputsa zvinhu, nekuti (temberatswa, mamiriro ezvakanaka, uye nzvimbo yepamweche kunoiswa) zvinogona kukanganisa kuti zvinhu zviise mumuviri.	Kunyangarire kwezvirongo zvekudonha zvakawanda kazhinji zvinoshandiswa kuenda kuchiziriro chepfungwa chinonyanya kushoma panguva inenge yakareba (kazhinji mwedzi mitatu kusvika mana, uchitevera mutsara weiyo pemajekero yacho yaishandiswa muvhapoti iri), dzimwe ngu dzine chinhu chinoshandiswa nemuromo kuti zvikwanise kuenzana pakati pezvirongo zvekuendesa. Kunyangarire kwefentanyl isina zvakagadzirwa kazhinji hakusi kushandiswa kwekutangisa nekuramba kudonha, asi kazhinji inoda kugadziriswa kuita chinhu chinogona kusimbirwa uye chine dosage yakagamuchirwe (tarisa MAT, Section 8).
Oxycodone ER (OxyContin) uye mamwe maopioid anowedzera nguva yekubuda mumuviri.	Maitiro ekubudira kwemwedzi inoreva kuti kupfupa kudiki kunogona kuchinja simba rekubudirwa uye nguva yekufungidzira - kupfupa kudiki kana kutariswa paperi kunogona kuita kuti kufungidzira kungava kuvaka.	Kuderedza kwemwedzi yemararama, kazhinji 10-25% pfungwa ne1-4 vhiki zvinoenderana nekushandiswa uye kuvimba kwezviratidzo, dzimwe nguva nemhando yemwedzi inoshanda pakarepo inogona kushandiswa kudzivirira zviratidzo zvinenge zvichiperekedza panguva yekuchinja - iyi sarudzo yechiremba anopa mishonga, kwete kuti munhu azviite ega.
Hydromorphone (Dilaudid)	Hupeny hurefu pasi uye simba rakakura kana ikatariswa nemorphine zvinoreva kuti kupera kwezviratidzo zvekushandisa zvinenge zvakadzika nekukurumwa kupiwa, zvakadai nezvakaitirwa venlafaxine muSSRIs/SNRIs.	Kazhinji kazhinji kacheshwa (kudzorera) ku opioid inogara kwenguva refu kuti kuita kucheshwa pachayo zviite nyore, panzvimbo yekucheshwa kwefomu yakadaro isingagare kwenguva pfupi. Kucheshwa kudai inzira chaiye yechirwere, uye haisi nzira

Chinhu.	Chii chinogona kuitika kuti kuita kuti kuoma kupora.	Mudzidziso wepakati.
		dzekudzikanwa, uye inofanira kuitwa nemudokotori nekuda kwehuwandu hwezvinangwa zvinoshandiswa.
Tapentadol (Nucynta)	Maitirosevhuro yakasiyana zvachose nemamwe ari mutaburu iri – inoshanda miviri, semushonga weopioid uye sechinongedzera chinoderedza kupinda kwe norepinephrine. Iri chipikirwa rechibviri rinogona kukonzera kuti vamwe vanhu vasavenge vachifara nekuti harina chinhu chekutaura nezvekugamuchirwa kwezvinhu zvinoshanda semushonga weopioid: kushanda kwe norepinephrine kunowedzera kunogona kuita kuti munhu ave nechido, akanganise, kana kuti mwoyo wake uderere zvakanyanya, kunyanya kwamunhu ane nguva dzakati wakaunganidzwa. (Mufananidzo weCOMT Met/Met uri mutaburu reSection 5 unogona kuita basa pano).	Kana tapentadol ikatanga kushungurudzwa, izvozvo zvinonyanya kuva ruzivo rwakanakira murapi — zvinoita kuti azive kuti dambudziko ringangobva kumaitiro akawanda ekushanda kwemishonga, uye kwete kungodarika kwezvirwere zveopioid. Izvi anogona kuzvipa mukana wekusarudza mishonga yakasiyana, panze pekukwazisa chete kune imwe yemishonga yacho.

Mishonga yekushandiswa pachikoro chepfungwa: Gabapentin uye Pregabalin.

Chikidzo chinowanikwa zvakawanda chinoita kuti zviratidzane nemamiriro ayo akaitirwa mumwezvo mune iyi library: gabapentin uye pregabalin kazhinji dzinopihwa kunyanya kudzivisa kupihwa kweopioids, kana kuti kusimbisa kupera kweopioids nekubvisa zvimwe zvezvinangwa zvepwere. Izvi anogona kuva chishandiso chinobatsira. Asi, inogonawo kuita kuti ive chikidzo chekuregererwa chisina muganho kana mumwe munhu asiri kutevedzera zuva rekupedza.

⚠ YERAI

Mubvunzo wekuita zvino unogona kushandiswa zvakananga kune zvaanoda kuti "gabapentinoids": aya anozivikanwa nekuti anokonzera kutonhora uye kupera, kusanganisira ngozi yekukwenga kana akaderedzwa zvakanyanya, kunyange apo kare aizotarisirwa kuti asina ngozi. Kana gabapentin kana pregabalin aifanirwa kushandiswa pachinzvimbo cheopioids, mibvunzo yekuita zvino inogona kushandiswa: nguva yekumira iyi ndeyeipi, iri sarudzo yemwaka mumwechete here kana kuti inofanirwa kuenderera kwenguva refu, uye sei tichidikanza kuderedza doro iri kana

ikafanira kumhara. Doro rinogona kudzivirira kutonhora Risiko haireyi zvakare kuti inonetsa kushandiswa uye kusava nemhungano.

Kudzosa zvinhu kuita sezvakarurama, usati watanga kudzikisa hutano.

Kune vanhu vakawanda muSection 6 avo kushandisa zvinodhaka zvine opioid kwakatanga nekunetsa kwechiso, kuita kuti dosage dziwedzere kunze kwekuti zvakakosha, asi hazvitanhi - sezvakanyorwa muSection 1 nekuenzanisa kweSection 6, kusimbiswa kwekunetseka kwechiso ndimo imwe yemaitiro anogona kukonzera kuti munhu adzokere kushandisa zvinodhaka zvine opioid. Kunzwisisa chaizvo kunetseka kwechiso uye kuitarisira zvakananga, hazvisi chinhu chinofanirwa kuita chete kana painenge pachine simba. Ndicho chikamu chinosungirwa kuti kuwedzera dosage dziwedzere kunze kwakadaro kusave nepfungwa.

- Kutarisa zvakanyanya kuti chikonzero chekumanikidzwa ichi chiwanikwe – kuita mafirimu, kutumira kune wekurapa akatengesa, kana nzira imwechete yekutsvakurudza isati yatangwa – panzvimbo pekungoramba tichitanga kurapisa chete zvinoratidza.
- Kutariswa kwevabereki uye manejimenti ekushandisa mishonga isina opioid pakurapa uchiperekedzwa nemunachiremuri ane hunyanzvi mune zvinhu zvekumanikidzika, pamwe chete nechiremuri anovadzorora.
- Ketamine infusion therapy - inzira chaiyo uye yakagadzirwa yemitreatment yemamirwo akawanda ekutambudzika kwekurwara kwenguva refu (complex regional pain syndrome, fibromyalgia, uye mamwe marudzi emamirwo ekutambudzika), inopiwa semitambo isina kushandiswa zvakanyanya pasi pemitemo mune masisitimu ezvekuvhiya, uye yakasiyana neiyo nzira yekubatsira kurega kushandisa ketamine iyo inoshandiswa mumamwe maererano. Zvakakosha kuti mutaurire chiremba ane hunyanzvi hwekutambudzika kana matreatment ayo asiri opioid asinga budise mhedzisiro.

DZAKAMAHARA

Kana mumwe munhu asati azivikaniswa nekuti nei painoita, asi chete akanga ari kuurayiwa kuti painoita, zvakakosha kuzvizivisa chiremba zvakananga. Kudzikisira chiedi chinenge chakange chiripo kuti gadzirise dambudziko risina kugumidzwa, pasinawo kufunga nezvekuti dambudziko iri ndeipi, ndizvo zvaunoda kudzivirira nemubvunzo uyu.

Sezheni 7 - Shandisa Sarudzo yeMhando.

Level	Chinyorwa.	Ngozi.	Mizvariro.
1 — Zvakatorwa nemano, kwenguva	Resipi yechokwadi inoshandiswa nemaitiro akakodzera, kwenguva pfupi chete.	Diki, asi kwete zvidiki zvachangu - kudzokorora	Kudereda kuita kupedza chiedi chinenge chakaitwa nemushakizha,

Level	Chinyorwa.	Ngozi.	Mizvariro.
pfupi chete, uye pasina kukura kwezvirwere.		kunenge kuchangobva kutanga mumwedzi mumwe kana maviri nekushandiswa kazhinji kunyange pasina kushandiswa nezvekukuvadza.	panzvimbo yekumira pakarepo, ndicho chinhu chiri njodzi shoma kunyanyawo pachinzvimbo iyi.
2 — Zvakanyorwa, remwedzi, kana kuwedzera zvishoma.	Kushandiswa kazhinji kupfuura nguva yakatarwa nemudokotori, kana kuwedzera dosage diki diki kuti uchengete mhedzisiro imwechete.	Kuderera - inzwisisa kuti kune mukana wekuti mumwe anenge akabatwa nemutsetse.	Kuderedza kupera kwemishonga zvine hutungamiriro kunonyanya kushanduka pano; kurega mashoma kungava nechido chinenge chakakura, uye iyi ndiyo nharau dzinoda kuti zvikurukuri nezve MAT, kunyange kwenguva pfupi, zvekusimbiswa munguva.
3 — Kushandiswa kazhinji kwezvidonge zvisiri zvakatorwa nemwedzi, kana kushandiswa kwakadaro kuchikuvadza.	Kushandisa chinhu kupfuura chiri pachena, kushandisa mishonga yemunhu wamwe, kana kushandiswa kwezvinodhaka zvisiri pamutemo pasina kuenda nemazuva ese.	Kudzidza.	Kunzwa zvakakosha kuti vafambi vevatengi vaongorore zvinhu usati watanga kutora matanho ekumisa. Zvido zvekurapa zvinofanira kuve chikomba chakakosha mumidziro iyi, kwete chinhu chekupedzisira.
4 — Kushandiswa zuva rega rega, uye inogona kushandiswa kudzivisa kupera.	Kushandiswa zuva nezuva kana kazhinji, kusanganisira kushandiswa kunenge kuchidzivirira zviratidzo zvekuvhara, kwete kuti kuti kuwana mufaro.	Inofara – iyi ndiyo nharauromo yevakadzi vakapokana uye yekurapa kushandiswa kwezvinodhaka (MAT) uye yekubvisa zvinodhaka (detox)	Usabvirei kupedza kushandisa chinhu pachayo. Zvakaratidzwa muSection 0, zvakakosha kuti tive chokwadi kuti vanhu vese vakashanda nevakadaro vasave nemamiriro anogona kuita kuti vabude uye vafire.

Level	Chinyorwa.	Ngozi.	Mizvariro.
		inogadzirwa kwavari.	

Sezheni 8 - Kurapa Inobatsirwa Nemishonga uye Kuchenesa Muviri.

Mishonga.	Maitiro.	Zvinonzi Zvazvo Zvekurapa.
Buprenorphine (Suboxone, Subutex, Sublocade)	Agonisti yeopioid dzine simba pasi — inoshandisa receptor zvakawanda kuita kuti zviratidzike, asi inodzivirira kusanzwa uye kufema, uye ine "ceiling effect" inogumisa ngozi yekufa nekuda kwekushandiswa kwazvo kupfuura agonists ane simba rakakura.	Inofanira kuti murwere ave atangotanga kuzvipira zvishoma kusvika pakuzvipira kazhinji panguva yekutanga kutora doro (kuti usvike pachikomba chakadzika). Doro iri rinogona kupa nevanhu vane hunyanzvi mumaofisi, izvo zvinobatsira kuti vanhu vave nechokwadi chekuroorwa nekuda kwezvikombero sezvekuti doro irinopa mumisasa.
Methadone.	Opioid inokora, inogara kwenguva refu - inobatsira kushanduka kwezvirimwa zvemuviri pasina kusvika pakudzika uye kupenya sezvakaita opioid dzakidiki.	Kazhinji inoda kuiswa zuva nezuva munzvimbo yakatengeswa zviri pamutemo yekurapa kweopioids mune zvikuru, kunyanya pakutanga. Pane hunhu hwakakura hwekusimbisa, kunyanya kune vanenge vakabatwa zvakasimba kana kuti vachirwisana nekushandiswa kweopioids kwenguva refu. Mamiriro eCYP3A4 (Section 5) anogona kukanganisa huwandu hunodiwa.
Naltrexone (inoriviri remuromo kana iyo yeVivitol inogadzirwa kuti ibude zvishoma nezvishoma).	Mubatsirodzi we receptor ye opioid – inobvisa receptor zvachose panenge pasina kushandiswa kweiyo receptor, saka haibate zvinhu zvinokonzera kuti mumwe anonzwa kunyara uye inobvisawo matambudziko ayo anokonzerwa nemishonga yezvakatapwa.	Inoda kufamba nechokwadi chekuti kunoda nguva yekubvisa zvinhu zvinodhaka mumuviri (kazhinji masikati 7-10 asina kushandisa manhanzwa), nekuti kana manhanzwa ari mumuviri, zvinogona kukonzera matambudziko akakura. Vanhu vane G-allele yeOPRM1 (Sezvo rakaurirwa muSection 5) vanonetsa zvakanyanya—izvi ndebasa rakakosha uye rinobatsira pakusarudza marongero ekutarisira.

ICHIYENDE CHEMAKORE.

Sarudzo yeMAT (medication-assisted treatment) inzvo zvakakosha zvekufarira kwehutano, uye inobatsirwa zvakananga nemashoko ekugenetiksa ari muSection 5. Ndapota nyorera izvi kumunhu anozvichengeta pamwe neni.

Sezheni 9 - Mutemo Wekurudzwa.

Tier 1 — Bhuku remakemikari (kubva musi wechipiri).

Mubatsiro.	Basa.
DLPA (DL-Phenylalanine)	Mubvunzo wekushandisa zvinhu zvinobatsirawo kuenzanisa endorphins — tanga kushandiswa musi wa1 kana uchidya.
NAC (600mg kamwe chete zuva regumi).	Kusimbiswa kweglutamate uye kudzikisa zvido.
MTHFR	Mubatsiro dzekushandisa zvinhu zvinobudira uye kuita kuti mupfupa ushande.
Magnesium glycinate.	Kutsigira mwozo wechidiki uye kururama kwekunyara.
Omega-3 (ine EPA).	Mubatsiro dzekuropa dzinoshanda panguva yekugadzirisa kwakakura kweiyi system.

Tier 2 — Medical

- MAT (Mano yekurapa) yeSection 8, senzira huru yekurapa, kwete sechimwe chinhinja.
- Mugadziriro yekubatsira nekumanikidzwa (Sezvo 6) inoshandiswa panguva imwe neimwe kana kumanikidzwa kwezuva rese kwakaitika—izvi hazvifaniri kusvikidzwa.
- Kutsvakurudza uye kurapa zvinetso zvemagwara kana kune nyaya yekushandiswa kwezvinodhaka nekunyorova. (Ita 6).

Chishanduko Chepenyafadzwa, Chengetedzwa Nemwero Wenguva: Kudzikisa Dosi Panguva Yakatarwa.

Zvakakosha kuzitaidzira nekuti zvine mutengo shoma, zvinobatsira chaizvo, uye hazvionekwe kazhinji mune zvinyorwa zvekururama. Mabhokisi ekuchengetedza mishonga ayo anogona kuvharidzwa nemwero wenguva akagadzirirwa mamamiriro akadai sekuwedzera kwemishonga, apo chinangwa nderkukunda mishonga zvine zororo uye nguva yakatarwa, panze pekukwanisa kuitora pachake kana kusarudza kusati yatanga. Munhu anotendwa – murume kana mukadzi ane hukama, mumwe wehuri, kana imwe yemumwe munhu anoviga – anoshandiswa kushandisa mishonga zvinoenderana nemwero wekuwedzera wakagadzirirwa nevakadiri vanopa mishonga, uye mudhivhisi haigone kuvhurwa kusvikira nguva yakatarwa, pasinei nekuti iye munhu anotora mushonga anonzwa sei panguva iyoyo. Izvi zvinobata zvakananga iyo nzvimbo yekubhadha uye kuoma yairatidzirwa kune imwe nzvimbo. Kusiyana kweiyi mabikirwo ekuti "kusunungurwa", uko kunoreva

kuoma kushandisa chinhu kana kuti kuwedzera dosage pasina kukanganisira, ndicho chikomba chebasa rezvakatendeka, uye hachisi basa rekureva chete.

⚠ YERAI.

Zvakakosha kuti tizive: iyi chinhirambo chebasa, kwete musimboti wepurovhindisi yekuderedza midziyo, uye kwete musimboti weMAT kana kuongororwa kwevarapi apo zvinodiwa. Inoda munhu anotungamirira ane simba uye anowanikwa nguva dzese – chishandiso ichi chisina basa kana iye munhu anoshandisa chinhambura achiri kusiya, uye inogona kuita kuti zvinhu zvikuvadze kana ishevedzwa pasina nhau pamusoro pechikonzero chekushandiswa. Iyi haitadzise munhu kubata midziyo kana manyerere kunze kwechidiki ichi, saka inongotarisa danho rimwe chete (kukosora kwekuderedza midziyo pakutanga) panenge pasina zvimwe zvinogona kuita. Chokwadi, zvakawanda zvemidziyo iyi inouya neimwe sarudzo yekudzorerwa kwemamiriro ekukanganiswa - zvinofanira kuziva kuti iri api uye ani anogona kuyishandisa usati madzoka kutenda midziyo. Uye haifanire kunge ndiyo chete nzira yekuchengetedza yevanhu vanenge vakafanirwa zvakanyanya sezvakaurwa muSection 7 - inofanira kushandiswa pamwe nekurapwa, asi haifaniri kuchibatidzisa kurapa.

Nezvinhu zvinoita kuti munhu ashanduke nekuda kwezvinodhaka zvinobva kunze. Nekudaro, kufunga kuti "ndichasangana nezviito izvi kusvikira ndapedza kuita kuti bvuma dzakaderera" inzvimbo inokanganisa.

Izvo zvinofanira kurapwa zvakananga uye nemhepo yechokwadi, kwete kungodaro pasi pasi, nekuti ngozi iri yakakura zvikuru uye yakasiyana neimwe ese iri muvhaya iyi. Diyi chinhidzo yemishonga inobva kumitero inotengeswa zviri pamutemo ine hutano hwakanyorwa – inogadzirwa mune mamamiriro akatariswa, kuongororwa kuti yakwana uye yakanaka, uye inogona kutaridzwa paese murugero kubvira pakugadzirwa kusvika kumharidzo. Chimwe chinhu chinowana kunze kweiyo sisitimu iyi hakuna izvozvo. Hakuna mapaperwork, hapana zvitupa zvakanyorwa, hapana kuongorora kuti chii chakauya, hapana nzira yekuziva kuti yakasvitsa papi kana yakabatwa nemhando ipi dzepamwe panguva yairiswa kumunhu anoyimwa. Izvi haisi Kunyengedzwa nezvekuti munhu akasarudza here kuti atsvage chinhu ichocho, haisi zvakakosha. Zvakakosha ndechekuti chinhu ichocho chinoita zvepfungwa uye zvinogona kukonzera ngozi, pasinei nekuda kwaanenge aine munhu anotsvaga chinhu ichocho.

KUKURUWA KWEMWEDZI.

Iyi riski haisi yekutapota. Maererano neSection 6, zvinhu zvinotengeswa nezvemari uye zvinonyanya kushandiswa, kunyange zvakatsetseka zvemadrugi, zvakawanda zvinogadziridzwa nemishonga inonzi fentanyl. Fentanyl inonyanya kusimba, saka imwe diki yayo inogona kukonzera kufa pasina kuti pane zvimwe zvinosiyana kana kuchinja kunenge kuita kune chinhu chinoshandiswa. Munhu anenge achida kupora nekuderedza kushandisa mishonga, kana kuti anoda kubatsirwa nezvakaita sekuvhara, asi asiri mudokero, uye anoshandisa zvinhu zvinowanikwa mumugwagwa kana kuvaenzi vasina kuchena, haasi kuita sarudzo yakafanana nemunhu anotevera mirairo

yedokotera. Iyi ndiyo sarudzo inoitwa nepozero zano rekuti chii chakangodirwa. Zvishanduko zvekuongorora fentanyl uye Naloxone (Sezvo muSection 0, Sezvo muSection 6) inobvisa danho, asi isina kukubvisa zvachose—iyo chete nzira yekudzivirira zvachose ndeyekusarega kushandisa chigadzirwa chisiri chakanyatsoongororwa, saka ndiko kuti nei nzira dzechiremurefu uye MAT muSection 8 dziwanzoitika sezvatinoreka kuti dzishandiswe panguva yekudzikiswa kwemwedzi, kunyange zvazvo inzira iyi inogona kuoma kusvika.

Tier 3 — Hutano HweMeso uye Dhizaini yeEndorphini (Mwedzi 1-12, chikamu chepakati).

- Kurokwazvo kwezuva nezuva kunonyanya kushanda - ndiyo nzira yekutanga yekuita kuti muviri awanzwe akanakisa pasina kuenda kuchipatara, uye inzira yakakosha yezvakakurudzirwa mumabhuku ese ari museri iri.
- Kukurukura uye kunyatsosangana nemunhu – hazvifaniri kuve chinhu chinongoitika panguva imwe chete, asi zvakakosha uye zvinofanira kuve chikomba. Izvi ndekuti, nzira dzinobatanidza vanhu uye dzinogadzirisa mufaro (reward) dzinoita basa rakadai kuti dziine kupinzwa kwakananga kune opioid receptors.
- Kusangana nezvishoma zvekudziwa, kuseka, uye mimhanzi – imwe neimwe ine zvakanyanya, kunyange kana zvishoma, zvekusimbisa endorphins, uye zvakanaka kuita pamwechete.

DZAKAMAHARA

Maitiro ekubudirira kweendorphin kunovakwa nemamiriro akagadzirwa zuva nezuva kwemwedzi, asi kwete nekuyedza kweinenge chete. Iyi haisi tsotsi yevanoita vanhu vanga vachidaidzwa kuenderera mberi—iri chokwadi nezvekuti zvinhu zvinodiwa kuti ubudirire muchikomba chino, uye inosangana nemutsetse wezvakaitwa muSection 3.

Kudonha Kwakazvapo Kwechiropa: Okisitoini uye Kusimbiswa kweHPA-Axis.

Iri ino inowanikwa nekuti Bhuku renyu Rekutanga rinobata chikamu chakakura pazvo, uye zvinofanira kuve nechinzvimbo chinonyatsogadziridzwa pano panze pekusiya kuti risaoneki. Nzira iyi inozvibata ndeyechokwadi uye yatove nezita imwechete mune ino mirayiri: opioids inodzikisa HPA axis kwenguva yese zvaishandiswa, uye kana zvichibviswa, system idzi dzakadzika hadzodziuke kuzodzoka zvine zororo ku "baseline" - inodzoka, kazhinji yakanyanya kupfuura. Cortisol inoputirwa, amygdala inonyatsoshisa, uye nervous system inoridza kuti pane nyaya huru isina chikonzero chekunze. Iri ndiyo nzira yechisikidzvo nekuti kutora opioid kunogona kuzonzwa sekufa kunyange Kana pasina ngozi yekurapa (Sezvo 0),— kuzvinzwa kunoratidza zvakaringana kubva muchimiro chepfungwa chinenge chiri pasi pekunetsa kwakakura, uye hakusi mhinduro isingagone.

⚠ YERAI

Oxytocin inzvimbo yekudzora zvinhu zvinoburitsa cortisol — inoita kuti HPA axis ishande zvakaenzana, ichiita seiyo "switch" inodzorera iyo system yechikafu yainge yakanyarara. Zvakaratidzwa zvakajeka mumubvunzo wenyu uye zvinokodzera kusimbiswa neuchokwadi: iyi protocol inzira yekuyedza, isina kubatirwa neFDA kuti ishandiswe pakurapa kushandisa chinhu, uye inoshandiswa parizvino nevanhu vane hunyanzvi shoma dzinogara zvine hunyanzvi uye vanhu vakanzwa nezvezanoita. Inofanira kuve mugwaro iri semamiriro akanyorwa, chaiwo anoziva kuti anoitika — kwete seiyo nzira yevanhu vaizotarisana nayo pavakasarudza. Munhu wese anotarisira kushandisa iyi nzira anofanira kuzviita nevakadzi vanogara zvine hunyanzvi vepsiko. Muchinje wekurapa zvinhu zvekushandisa manatse ane ruzivo, uye ichi chiri chinhu chakakosha sezvaitwa nemamwe mashoko ari mumutsetse uyu.

Nenzwisiso, iyi inzira yekushandisa inofanana neyemutsvuku weoxytocin unoshandiswa nemuromo, iyo yatove yakanyorwa mumamiriro ekuguma kwechirongwa cheRecovery Kernel pamusoro pekudzima kwemishonga ye benzodiazepine. Nzira yebasa (yekudzikisira HPA-axis) inofanana, uye chokwadi chinodiwa ndechekuti: chinhu chenyaya, chinoda kukurukidzwa nevhakadzi, asi hazvisi zvakakosha kuti zviwedzerwe kuitawo yekurapa.

Sezheni 10 - Kuziva Nyaya Dzekutapwa, Kuchenesa.

⚠ KUKURUWA KWEMWEDZI.

Daira nhare 994 uye shandisa Naloxone kana uchina: kufema kwakadzikira, kushoma, kana kusaita kufema — muromo kana makumbo akaremara nemvura yegirizi — kusarurama — mazwi ekufamba-famba kana kurova. Izvi zvinonyanya kupfeka mushure pemwaka wenguva yakaderera yekushandisa kana kubva kushandisa zvinhu, nekuda kwezvikonzero zvekusava nemanzwiro sezvakaurwa muSection 0, uye nekuvepo kwemishonga ye-fentanyl (muSection 6) semamiriso ekukonzera ngozi asingatarisirwi kune chero chinhu chinoshandiswa zvisiri pamutemo.

Sezheni 11 - Mufananidzo Wemitambo Yese.

Reference	Zvinopa zvinotevera:
Recovery Kernel Opioid Guide, Dzvinyorwa rechipiri.	Chidzidzo chemazano ekubvisa zvinhu uye yekurapa zvinoreva kuti "MAT" (Medically Assisted Treatment) inoderedzwa mune iyo chikamu re8 chebhuku iri.
Recovery Kernel Fentanyl Guide.	Kune mashoko akakosha anozivikaniswa pazvakaderedzwa zviri pasi apa: * Maitiro ekubvisa hutachiona. * Kuwanikwa kweNaloxone. * Maitiro ekushandiswa kwefentanyl neimwe opioid.
Recovery Kernel Ears, Eyes, uye Nehondo, Idivhiri re5.	Nenzwisiso yezvakaita sekukuvadzwa nehutano nekushandiswa kwezvirongedzero zvekubvisa zvinhu

Reference	Zvinopa zvinotevera:
	mumuviri, sezvinoratidzwa muSection 6.
Compendium Protocol 14 (Kutungamirira Mwoyo).	Mugadziriro wekudzora kurwadza, wakataurwa muSection 6, unowanikwa kwaari imwe neimwe anenge akatanga kushandisa zvinodhaka zveopioid nekuda kwekurapa kwakabva nemutano.
Compendium Protocol 05 (Kugadzirisa Nhakazwinzwa).	Maitiro ekutanga ekakosha wekudzorerwa kwacho: Kushungurudzwa kwekurasa kunonyadzisa ndiyo nyaya huru yekudonha mune zvimwe zvinodhonzwa, kupfuura nezvimwe zvinhu zvinoverengeterwa.
Compendium Gene-Substance Matrix, Appendiksi A.	Mubatanidzirei kuti: GABRA2 + COMT Met/Met (mhuka yekutya uye inokanda) inoenderana neP06, P09, P10, P21; GABRA2 yega yacho inoenderana neP01, P06, P20; GABRA2 + MTHFR ('mhuka yekuderera uye yekushungurudzika') inoenderana neP06, P07, P11, P21. Tarisa chidokumenti ichi zvakananga kana pane bvunzo yese yeDNA.
Recovery Kernel Main Book, Section 8 (Protocole yeOksitokini)	Iyi chapitiri yese yekuburitsa yakafukidza chikamu che9, "Kuwedzera Kwakakura"—tsananguro yakazara yeiyi nzira, uye zvikumbiro zvakaderera zvekuita nezvekushandisa mune ese mirayiridzwa.
Compendium Protocol 20, 21, C-28 (Architecture yeIdentity).	Nezvimiro anokodzera kushandiswa kubvira mwedzi 1-6 (Sezvo 2), kwete panguva imwechete—kuvaka utano hwemupenyu husingabatidzane nekuyerera kwechipatwa.
Recovery Kernel: Matambudziko Ekutengeswa uye Kunyoresa.	Kusvikirwa neopioid kazhinji kwakatanga mumaererano akaoma; basa rakazvimiririra pachikwereti chetrauma harifanire kutanga kusvika zvinhu zvebhayoloji uye kugadzikana kweMAT zvagadziriswa - nguva yakakosha pano, kungakadaro nemamiriro ezvimwe zvinongowanikwa museri reseri iyi.

Section 12 — Kupedza.

DZAKAMAHARA

Kuurirwa kwezvirwere zveopioid inzvimbo imwe yeanenge shoma munyaya yekurapa zvinhu zvinotyisa, iyo ine hunhu husingasviki uye humbowo hwakakosha pamusoro pekurapwa kwakanaka - MAT inochengeta hupenyu, kazhinji, uye inogona kuongororwa. Kushandiswa kwayo hakusi kurapa kwechipiri. Masisitimu emushonga weendorphin nemasikirini ayo opioids anoshanda anogona kuzadzika zvakare, munguva chaiyewo, zvisinei nekuti iro kurapwa rinozotevera kana kuti kwete. Chinhu chinonyanya kukosha, sezvakanyorwa muSection 0, ndekwekugara mune nguva iyo ufanirwa uye kutarisira kwechaizvo kunosiyana - zvesarudzo zvimwe zvebhuku iri rinogadzirirwa kukubatsira kuti udzike kubva munyaya iyi.

Chigadziko chekudzivisa ngozi – Haisi mashoko ekurapa – Haisi chinhu chinosimbisa hutano hwekurapwa.

Crisis Resources: 988 (Suicide & Crisis Lifeline, call or text) | SAMHSA: 1-800-662-4357